

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.	4		3		7	
TOTAL DER.	27		26		27	
TOTAL CLAIMS	31		31		34	

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TOTAL IND.								
TOTAL DER.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY